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DR. PUTNAM,  
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# HEALTH IN THE NURSERY

AND

HOW TO FEED AND CLOTHE A CHILD

WITH

457

OBSERVATIONS ON PAINLESS PARTURITION.

A

GUIDE AND COMPANION FOR THE YOUNG MATRON  
AND HER NURSE.

BY

E. HOLLAND, M.D. LOND., F.R.C.S. ENG., ETC.  
ASSISTANT PHYSICIAN TO THE HOSPITAL FOR WOMEN, ETC.

*Second Edition, rewritten and enlarged.*

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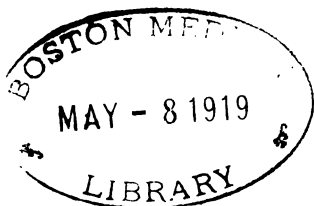
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## PREFACE TO THE SECOND EDITION.

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THE first edition, without any pushing in the advertising media, has sold sufficiently extensively and rapidly to induce the author to regard the success of the pamphlet as demonstrated; and its acceptableness, when enlarged, revised, and improved upon, fairly inferable; whereupon he has no hesitation in proceeding to the addition of fresh matter, and a careful revision of the original, and thus, by making it a more complete and ready guide to the newly-married woman, he hopes to render it the more acceptable.

I TITCHFIELD TERRACE,  
NORTH GATE, REGENT'S PARK.



## PREFACE TO THE FIRST EDITION.

---

THE maiden of the period, fresh from the elaborate finishing school, with all the attributes of youth and loveliness dawning in full blow upon her, must, just as her now more staid mamma, in whose wake she treads the mystic thread that knits the fashion's gaily circle, have her joyous thoughtless years of airy-heartedness, and trespass on papa's account at Messrs. Coutts's, until the so-donned bringing out, has, like the fairy with her tinselled rings of moon-lit fungi, had its curt career of mock enchantment, and, with full-cloyed fruition of its pixy scenes, revealed in mirrored characters that therein exists by far the minor trait of woman's mission. Adventurous, indeed, would be the matroned sage, who, with unblushed effrontery dared question this time-honoured and exemplar code! No, matrons, no! ye *passé* oracles! forgetful of your giddy prime, your festive mirth, and furtive frolic, and lingering nubile artifice—let the girl be the girl, the giddy,

quixotic, and innocent lass—the belle of the village, the belle at the ball, and the remorseless slayer of men's hearts by the dozen if she chose; with her ringlets and tresses, her egrettes and Valentine's day; but, when perforce of weird or *Je ne sais quois*, of accidents or final desperation, she falls in love, and thence in wedlock, let her forthwith suppress the flighty levities that adorn alone the girl, and, in well-tempered appreciation of her deputed destiny, espouse the matron's cause, with its new era of foreshadowed fosterage and exalted charge. To you, young matrons, who, as yet in pupilage and novice-like, are burthened oft with plighted cares, and doubts and fears, and well-nigh verging on wit's end in search of oracle; and whose maternal sympathies are freshly kindled in the lot of life, I proffer this, the mother's guide, as an apt donation from personified mamma, and solicit your acceptance.

June 1st, 1871.

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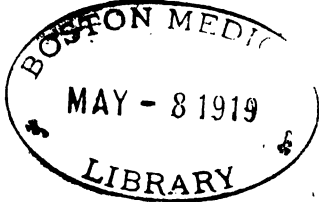
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# HEALTH IN THE NURSERY

AND

GUIDE TO THE YOUNG MATRON AND HER NURSE.

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**General Observations.**—Reminded as you have already been at the altar, and in fitting solemnity, that the ordained object of the matrimonial alliance is the procreation of children, you will, in all reasonable probability, after the novelty of the nuptial ceremonies has waned as it is wont, and the honeymoon become a thing of the past, naturally enough begin to entertain a just anxiety respecting this,—the all-absorbing topic of your better feelings, and become watchful for every indication of the promised blessing; and, as you, perchance, may have neither a mamma nor a married relative with whom you are sufficiently familiar to confer, or to whom you can confide the secrets of the household, it appears to me to be very desirable that you should be furnished, in motherly parlance, with the ordinary indications of the “interesting condition” and be prepared to

B

appreciate aright those numerous minor deviations from health which are incident to maternity, and, in fact, as a rule, inseparable therefrom.

**Symptoms of Pregnancy**—There is no doubt that women may, in exceptional cases, conceive, and advance to the farther limits of gestation, without even suspecting their condition, but usually, the changes that obtain in the female economy, at this epoch, are sufficiently characteristic to leave no woman of ordinary intelligence, long in doubt as to her condition. Many women are, however, frequently deceived, and imagine themselves to be pregnant when they are not so; and, moreover, the condition is simulated by a variety of diseases, so much so, that the acumen of the skilled Physician is not unfrequently crucially tested in deciding the query.—The ordinary symptoms of pregnancy usually express themselves very early after marriage, and though, in a large proportion of cases they may be the cause of but trivial inconvenience, it not unfrequently happens that they are of very grave intensity, and require the most careful medical supervision. One of the earliest indications of your being about to become a mother is declared in the sudden arrest

of those periodical illnesses with which you are already familiar in your maiden state, to be followed, in varied order of sequency, with sickness in the morning, headache, toothache, and the so-called "longings." By and by the breasts will attract your attention, they will spring, throb, or be tender and painful, and, if you observe them carefully, you will find that they gradually become firmer and more plump; filled, so to say, with blue veins; and that the delicately coloured skin around the nipple becomes darker and darker, and studded over with little prominent knots or glands. At this time, or a little later, the stomach may be tender to the touch, and perhaps a little painful, leading to a slight embarrassment in the act of stooping, whilst the veins in the legs show fuller and more distinctly, and, after standing or walking, are usually tender and painful. As the fulness of the time approaches, the progressive enlargement of the figure, with repeating necessity for the dress-maker will increase your suspicion, until tolerable certainty is arrived at by the perception of the foetal movements, which usually obtain between the fourth and sixth month, and is soberly spoken of, in matronly parlance, as quickening.

**Engagement of a Monthly Nurse.**—As soon as you feel pretty sure of your condition you will, of course, like all good matrons, first communicate the “tidings of great joy” to your husband, who will, with exalted paterfamilial dignity, advise you at once to bespeak a nurse, and the best accoucheur “for miles round” and, not only so, but be prepared to grant all sorts of indulgences reasonable and unreasonable as far as he can afford. Well, then, the monthly nurse becomes a necessity, and there is very much at stake in making a judicious selection; moreover good nurses are not so plentiful as you may innocently imagine, and; therefore, it is usual to have references, as to their ability, sobriety and fitness, from ladies they have previously nursed, or from a medical man. If you are constrained to select a nurse yourself, be guided by the following suggestions, and, by your bearing and enquiries lead her to suppose, that, young as you are, you are “up to your business” and you will then have made an impression that will be of decided advantage to both parties. She should be experienced as a nurse, not, of necessity, as a mother; of active middle age, clean and wholesome in her person, with sight and hearing good, and neither an out-

rageous talker nor the subject of a CHRONIC cough; she should be in good general health, of a cheerful disposition, no meddler in the kitchen, easily roused from slumber, and able to bear a reasonable amount of watching without "invaliding" or the much-a-do we often see.

**Engagement of a Medical Attendant.**—Always select an experienced Accoucheur (place in him the most implicit faith) and never regard the mere fact of his being a single man an insuperable objection. If you are as fastidious as some ladies I have known, you will, after having "bespoken" one Accoucheur, take a dislike to him and engage another; under these circumstances, however, you must, in common justice, to the gentleman originally engaged, forward him his full fee, for the law regards the compact as binding on both parties; and, either with or without apology as you may best think fitting the fee should be handed over immediately Mr. A's position is supplanted by Mr. B. It is usual to communicate with the Accoucheur early, so that he may be prepared for a summons in the event of anything occurring unexpectedly. You may direct your nurse to communicate with him, you may request your gallant

captain to call upon him, or, with a very becoming grace, you may write to him yourself, apprizing him, as nearly as you can be expected to do, of the date of your requirements.

In ordinary well-doing cases there is no doubt that the female accoucheuse may be equal to the occasion, but, as no one can foresee the emergencies of the lying-in room, and, as great physical force, nerve, and power of endurance may be, at any moment, brought into requisition you will, as all other sensible and well-bred women do, and amongst them the first ladies in the land, secure the services of the time honoured male accoucheur, who, alone, can be expected to be equal to every exigency, and whose solicitude for your welfare can, certainly, never be excelled by that of any woman.

**Mutual obligations in the engagement of a Monthly Nurse.**—The engagement of a Nurse for a special date and object is a contract, binding in equity, upon the party proposing it, and if from any cause you break your engagement, you will be responsible not only for her fee, but for any expenses she might have been compelled to undertake, in order to arrange with you in the first



instance; and, therefore, if you engage your nurse for June, and should miscarry in March, and manage with your own servants without sending for the nurse, you must immediately apprise her of it, release her from the contract, and compromise the matter with her. On the other hand, it is the bounden duty of the nurse to attend your summons immediately unless ill, or already engaged at a case she had promised to attend previously to her engagement with you; and in the case of a long engagement, if anything should occur to make the nurse doubtful of her being able to fulfil her contract with you, she is equally bound to give you the earliest intimation of her doubt, so as to enable you to procure a substitute.

**Preparation of the Infant Trousseau.**—This should always be set about early, for children like apples often fall before they are ripe; and it would place all the matrons of the village in merry agog if perchance there be an arrival before your establishment was prepared for it. Every woman is expected to make every reasonable and necessary provision for her forthcoming child, whether it be legitimate or illegitimate; and the non-observance of this parental duty is re-

garded by the law as presumptive evidence in favour of a deliberate intention to conceal birth, or effect homicide.

**Rules to be observed during Pregnancy.—**

Ever treasure in your mind that the mental state of your child will be largely determined by the mental state you yourself observe during the bearing of it; and that its physical vigour will be materially influenced thereby. Under these circumstances you will appreciate the necessity of attending to your mental training as well as your bodily health; and as the two are very intimately associated, moderating and influencing each other every hour in the day, I will briefly explain to you the rules which you should observe in order to maintain the two in their wholesome integrity. Studiously endeavour to control the easily ruffled feelings which so frequently shock the system, mar domestic peace, and, not only so, but positively unhinge and alienate your better feelings if left uncoerced. Maintain, as far as it is humanly possible, a uniform gentility of manner, such a one as you would wish to impress upon the constitution of your child, and which alone can be consistent with a perfect development. Be ex-

ceedingly careful in your interpretation of any imaginary "slight" or "inattention," and, be assured that many of your little troubles will have their basis only on a perverted imagination; and that, although it may be tolerated for you to dash a cup of tea in the face of "tantalising papa" as once a Royal Matron did,—or to rouse up the Captain, ere the morning star, to go to Covent Garden for a basket of onions for breakfast, (whilst you stealthily creep away into the kitchen garden before the servants are about to feast upon green gooseberries), it will make things all the happier to suppress such misplaced violence, and to indulge as little as possible in these preventible whims; whilst poor papa, all the while, will be as considerate as he can be under the inevitable ordeal, auspicious though it may be, very submissive, unresenting, ah! in brief, a model husband. Take regular exercise, on foot, in the open air, every day, and to such an amount as you can enjoy without fatigue or discomfort. Occupy yourself, habitually, in light enjoyable pursuits, and in the society of cheerful friends. Eat your usual amount of wholesome meat and vegetables, plainly cooked, and without being fastidious. Drink, as the rule, your ordinary beverages. Go to bed tolerably

early, so as to have a fairly long rest in the horizontal position. Get up moderately early, and persevere in the luxury of a tepid sponge bath every morning. Sleep in large well-ventilated rooms, and sleep alone if sleeplessness oppress you. If the bowels are confined take a gentle aperient occasionally; if they are relaxed a little chalk mixture. Avoid, as a rule, horse exercise, long carriage drives over rough roads, skipping, jumping, quick stooping, and all the frolicsome vagaries ornative of girlhood. Be cautious about long railway journeys, and, finally, lay aside all consideration for "fashion" in your dress, and daily accommodate it to that which is easy, comfortable, and becoming.

**The Troubles of Pregnancy.**—Morning sickness is one of those ordinary attendants of healthy pregnancy for which the young mistress must be prepared. It is usually most annoying in first pregnancies, and during the early months, and often subsides altogether after the fifth month. If it is unusually distressing it will generally be rendered tolerable by a careful regulation of the bowels, a strict attention to the dietary, and the avoidance of those unearthly viands that many

young ladies long for and indulge in. When, however, it persists, or is sufficiently severe to occasion loss of flesh, no time should be lost in submitting the consideration of your case to your medical attendant.

**Heartburn** is equally common as the preceding and should in general, be treated on the same principles. A compound rhubarb pill twice or three times a week, with occasional doses of the effervescing citrate of magnesia, are sufficient remedies. For its immediate relief, when unusually distressing, nothing is better than an emetic of salt and water.

**Constipation** is sometimes an extremely troublesome attendant on pregnancy, but does not usually persist during the whole period. It may be moderated by regular walking exercise, the use of brown bread, figs, prunes, and ripe fruits, with an occasional dose of aloes and blue pill; or a simple enema twice or three times a week. A very suitable remedy in these cases is the Pullna or Friedrichshall water, taken at the temperature of about 110 degrees Fah.

**Headache.**—A heavy, giddy congestive headache is common in pregnancy, and will be best relieved by avoiding too much solid food, and excess of liquid, by regulating the bowels, and by the use of tonics containing iron, change of air is often very efficacious, and should be advocated in obstinate cases.

**Toothache** is one of the commonest and most painful accompaniments of ordinary pregnancy; and, where it seems to be connected with one, two, or three decayed teeth, if they cannot be stopped they had better be removed. Women of ordinary strength and resolution tolerate the extraction of one or two teeth very well, but, when they are delicate and impressionable, the teeth should not, as a rule, be extracted immediately, but temporarily stopped, or soothed by some of the modern resources of the dentist. If, however, the sufferer have *complete* faith in chloroform, she may have them safely removed without the least risk.

**Pruritus.**—The distressing itching which is occasionally connected with the pregnant state is best relieved by free ablutions with tepid soft

water, the use of saline asperients, and internal injections of alkaline solutions.

**Varicose Veins** are frequently associated with maternity, and are attended with considerable suffering. They will be best guarded against by your habitually resorting to those measures that are calculated to invigorate the general health, such as change of air, occasional tonics, and tepid sponging; by strictly regulating the bowels, taking plenty of rest in the horizontal position, and, by the avoidance of all forced efforts as far as possible. If the veins are decidedly knotty and tender they must be protected from injury, and rest must be taken on a couch until the tenderness has subsided, they may then be supported by a soft bandage, or by an elastic stocking, and the circulation in the limb must be encouraged by methodical friction, that is, friction with the flesh brush from below upwards. The elastic abdominal belt will always be found of very considerable comfort and utility.

**Mis-carriage.**—Few married women escape miscarriage, and, when it has once occurred there is an increased risk of its occurring again, and at

the same stage of maternity as before. If, after a miscarriage of the first pregnancy, you should again become pregnant, it will behove you to be doubly attentive to the rules already prescribed (see rules to be observed during pregnancy); to lay aside all exciting pursuits, sensational dramas, private theatricals, or rehearsals of Shakespeare; to loll on the sofa during the critical period, (or perhaps to keep your bed); to increase rather than curtail the hours devoted to sleep, to be perpetually on your guard against surprise or fright, and to be very careful against taking cold at your morning ablution. You should by all means avoid, at what would otherwise have been a "period," heated rooms, crowded assemblies, long walks, ascending cliffs, lifting weights, jumping from chairs, quick stooping and horse exercise. Be careful to keep aloof from the haunts of scarlatina, small-pox, and fever, and, if in spite of all these precautions you miscarry a second time, it will be desirable for you to consult your medical attendant, who, by discovering some obscure constitutional condition, and applying appropriate remedies, will it is hoped, secure your safe transit on the third occasion, and culminate your joy in presenting the substantial image of papa, in miniature, to your ready arms.



**Approaching Accouchment.**—On the first indication of approaching labour, which, you will recognize in the time appointed having arrived, (usually estimated at forty weeks or 280 days from your last reckoning, period, or annotation in the almanac) and with it intermitting pains that will be novel to you, which will begin in the stomach, extend round to the back, gradually increase in severity with a sensation of tightness and forcing, and the whole attended with “show,” you should summon your nurse, and retiring to your apartment, make requisite provision for the inevitable issue.

**The Lying-in Room.**—Whenever space is of no object, two or three rooms on the same floor should be allotted to the nurse, patient and attendants, so that all unnecessary intrusion may be provided against. The lying-in room should have an open fire place, and a sashed window that opens, or rather slides, readily at both top and bottom; it should be of good size, well ventilated, moderately warm, and not overdone with furniture, especially heavy drapery or woollen superfluities, as the latter are not only attractive but very retentive of noisome germs and ærial impu-

rities. In summer the room should be selected on the cool side of the house, in winter, on the sunny side, and it may be made as cheerful as you desire with blowing flowers, or sweet aquaria. In this room, or in the ante-room the prudent matron will have in readiness all those ordinary little essentials, of which I now propose to furnish you with a list. Hot and cold water ; one or two good sized sponges ; a bottle of good smelling salts ; a small decanter of brandy, a few ounces of castor oil ; a thermometer ; a binder, some blanket pins, a sheet of leather or macintosh, at the least four feet square, a skein of thread, a pair of scissors, and a plentiful supply of old sheets ; towels and diapers. It is also well to have in the house, some fresh eggs, some fresh or condensed milk, a few pounds of beef, for tea, some arrow root, corn flour and Scotch oatmeal.

**Preparation of the Bed.**—Assuming that there are few or no curtains, that the bed-stead is accessible on both sides and is firm, and that all feather beds have been replaced by cool mattresses, I should make the bed as far as the bottom sheet as usual, over this place a large piece of mackintosh sheeting or leather, then two or three old

sheets folded in large squares, and, lastly, another sheet smoothed over all. The upper covering needs no special description, but may be accommodated to the feelings of the patient. By a skilful management on the part of the nurse this bed may be so made in halves as to necessitate no movement to the patient beyond that of rolling over, and will be found equal to every requirement..

**Arrival of the Doctor.**—The nurse will advise you when the necessity arrives for the accoucheur to be summoned; and, his arrival will, probably, from feelings of emotion you cannot well control, but which he readily will understand, suspend for a time your pains, as it does with a hundred others every day; presently, however, they will return, and pursue their natural progress and you will then be prepared, as a matter of course, to receive the consolation and skilled assistance which it is the especial province of the accoucheur to administer.

**Attendants in the Lying-in Room.**—Limit your attendants to the nurse, the accoucheur, and one motherly friend, who will sympathise with you, and contribute to your comfort in a variety of in-

expressible ways. Avoid, especially, having any of those *outré* professing friends about you, who weep and wail, or wear a gloomy face, and cast grave looks on every incident, or as a *dernier ressort*, for effect's sake, culminate their sympathy in hysterics, or something worse.

**Nourishments during Labour.**—In ordinary well-doing cases a cup of tea with a biscuit, or a slice of bread and butter, or an egg beaten up in new milk, flavoured with spice, and sweetened with sugar, are suitable and sufficient. In lingering labours more substantial nourishment may be taken, and if the appetite is prepared for it, fish, and mutton chop, with bitter ale, may be safely taken. Avoid stimulants, as a rule, on all occasions, unless recommended by a medical man; if, however, you feel decidedly faint, there is no objection to a little wine, champagne, or brandy and water, in his absence; though a draught of iced water will often prove much more refreshing.

**The Pains** usually set in gently, gradually increase up to a certain pitch, extend round the body, remain at their acme for a short time, and then subside, to reassume, after a variable inter-

val, the same manner of accession and decline. Between the pains you may take a nap, or trot about from one room to the other, to relieve the monotony and while away the irksome hour. Always, however, carry out honestly, and to the best of your ability, the directions given you by your accoucheur, and place your trust in Providence, when you will, ere long, I trust, be rewarded by having, it may be, a son born to your generation—an embryo genius!

Destin'd to play, at some not distant day,  
A mighty game in this strange world of chance.

Now, the first thing you will hear from your child will be a cry, and, if all's well, a startling good one too; but, don't be terrified by that, a thing so right and proper, or insinuate rough usage to the nurse, as she will only "laugh in her sleeve" at your novitiate. After the birth of the child there will still remain the after-birth—a somewhat important matter, for which your attendant will make immediate provision.

**The Navel String, Funis, or Umbilical Cord.**  
—It not unfrequently happens that a child is born without the assistance of an accoucheur, and

where the female attendants, one and all, are in a state of helpless ignorance as to the method of separating the bond of connection between the child and its mother. Such a state of ignorance has not unfrequently resulted in the sacrifice of an infant's life; and it therefore becomes of importance that every young matron should be sufficiently well informed on the subject to give directions for its safe performance, and not only so, but be able, on a pinch, to do it for a neighbour in distress. Well, then, the navel string must be *tightly* tied in two places before it is divided. The first ligature should be put on it two inches from the child's body, and the second one three inches from the first; then the cord should be cut through with a pair of scissors, midway between the two ligatures. If there is any bleeding from the end attached to the child, put another ligature round it a little nearer to its body. Each ligature should contain eight or nine threads, drawn tight, knotted at each end, and be about fourteen inches in length.

**The Binder** should be applied immediately after the birth of the child, and should be tightened when it becomes slack or displaced. It is of

very great value, not only as a support, but in helping to relieve faintness, and in restoring the relaxed muscles to their original tone, and thus helping to restore the symmetry of the figure. There is no bandage so simple, economical, and efficacious as that torn from a piece of calico, about 14 inches wide and 50 inches long, and of these there should be several, so that they can be frequently changed.

**After Pains** are not frequently experienced with the first child, but are pretty constant afterwards. They have a purpose to fulfil, and, it will be desirable for you to "put up with them" unless they are very severe or prolonged, or prevent your obtaining sleep. If any soothing medicine be necessitated, your Medical Attendant will see that the proper potion is supplied.

**The Nursing Apron.**—The best apron I have to recommend is made of macintosh sheeting, with a moveable flap of flannel over it, fixed by means of buttons. The flannel can be easily removed when soiled or wetted, and replaced by another.

**Washing the Infant.**—The newly-born infant

has its body covered with a viscous, suety substance, and great care should be taken by the nurse to wash the whole of this off at the first lavation, by using warm soft water, plenty of soap, and a good sponge, taking especial care that no soap gets into the eyes. The navel string, or umbilical cord, provided always that it is well tied, and that there is no bleeding from it, should be dressed as follows:—Take three thicknesses of carbolised or boracic lint three inches square, or the same of partially burnt linen, cut, in its centre, a small hole just large enough to allow of the navel string being drawn through it, then fold one of the side pieces over it, and apply the binder. The navel string will thus dry and shrivel, and fall off about the fourth day, and about this time it will be quite right for the skin of the infant to exfoliate, that is, to peel off in small branny scales, and to assume a somewhat greenish tint.

**Signs of Maturity.**—The mature infant weighs at birth, from five to nine pounds, occasionally, as much as eleven pounds. There are exceptional cases on record where the infant has weighed fourteen and even seventeen pounds. The skin is of a rosy tone of tint; it moves its arms and



legs briskly, opens its eyes, and cries freely and loudly ; it has hair on its head, and sometimes a profusion of it, and its nails are well over the tips of the fingers.

**Twins and Triplets** are considerably smaller in their average dimensions, and females are smaller than males, otherwise, the signs of maturity are similar.

**Deformed Infants.**—Children are occasionally born deformed and defective, but however extreme the defect may appear, it is of importance to remember that the law regards no monstrosity, born of human parents, unworthy of life, and therefore jealously protects it.

**Payment of the Doctor's Fee.**—When you engage your Medical Attendant, you will, of course, ascertain his accustomed fee, and you will scarcely need to be reminded that the fee is for the confinement, and a very limited number of visits afterwards,—not more than two or three as the rule, and that if professional attendance be required afterwards, the Accoucheur will receive additional fees. It is a universal custom to pay

the fee before the Accoucheur leaves the house, and, of all the fees you ever have to pay, you will (unless I am grown a very false prophet) find this to be the one you *most gladly* pay.

**Napkins.**—Let your napkins be made of soft material, and be thick in substance; fasten them on with tapes and loops, or patent pins. Never use a napkin that has been wetted until it has been washed, and, in the washing of all napkins be careful that no soda is used, or any other washing powder that might be irritating to the delicate skin of an infant. Leave off the napkins as soon as ever you can; begin to hold out a child at the third month, or to place him in a chair commode, and persevere with it, as there is nothing nastier than a dirty child and nothing more reflective of mismanagement.

**The Infant's Motions.**—The first motions passed by the new-born infant are of a greenish-black colour, and very tenacious. When the infant is well, and the bowels not disordered, the motions are of a lightish yellow or currie colour, uniform in consistence, and have very little smell arising from them; but, very often after artificial

foods, they are pale, lumpy, frothy, and sour, or they may be pale, pasty, greenish, and offensive. The healthy motion is about the consistence of druggist's cold cream, and, as to the frequency of the evacuations, you may expect about three in the day and two at night.

**Putting to the Breast.**—As soon as the child is washed, provided you feel pretty well, and whether you intend to persevere with nursing or not, let it be applied to the breasts and suck at each one for five or six minutes, as it can neither do you nor the child any harm, but, on the contrary, may, by securing a good contraction of the womb, protect you from several serious after consequences.

**Nursing.**—If you have ordinary health, good breasts, no defect about the nipple, a flow of milk, and no accidental circumstances militate, by all means follow the dictates of nature and common sense and suckle your child. If, as it occasionally happens, your child has a cleft lip or palate, so that he is physically unable to suck, then he must of course, be brought up entirely by hand from the first.

**Food for the Infant till the Breast Milk appears.**—If there be any delay in the formation of breast milk, a little *genuine* cow's milk, diluted with an equal quantity of warm water, with the addition of a few drops of cream, and slightly sweetened, may be administered. Two or three teaspoonsful are sufficient at each time, and this quantity slowly increased, may be repeated about every two hours, till the milk appears in sufficient quantity. The first milk secreted by the mother has a laxative action on the child's bowels, and it is, undoubtedly, the purgative provided by nature to cleanse the child's bowels from the inspissated secretions that have accumulated during embryonic existence.

**Treatment of the Lying-in Woman.**—Much of the detail must be left to the discretion of the nurse, and the young wife, with an inexperienced nurse, will incur considerable risks unless she is pretty well informed on matters so immediately essential to the safety of herself and child. It will be desirable to have the room kept at a uniform temperature, and to be well ventilated without the production of draught. All soiled linen should be promptly removed to the laundry. The excretions

should be disinfected and immediately carried away. Great moderation should be observed in the dietary until the milk freely flows, and, as much feverishness and headache are frequently present at this juncture, it will be necessary to take aperient medicine and cooling drinks, and to avoid animal food and stimulants. The old rule of taking castor oil on the third day is a very good and safe one, and, one to which, as a rule, I advise you to adhere, and to take things quietly for a month. Until the lacteal secretion is fully developed the diet should be limited to gruel, arrow-root, broths, light puddings, a little chicken, game, or fish, once a day, and stimulants should be abstained from; afterwards, the ordinary food may be returned to, and after the first week indulged in as freely as usual. The time-honoured custom of lying in bed nine days is so much the "golden rule" that you will of course, never dream of infringing upon it. Ever be careful of making muscular efforts until you are quite yourself again, and be very cautious about taking cold. Perform all your ablutions with warm water, have your linen well aired, and your utensils warmed at each occasion, or covered with flannel. It will be of vital importance that your

sleep should be undisturbed, and if the child is restless at night, the nurse must take charge of him in another room, sufficiently far away to prevent his "inevitable" cries arousing you.

**The Troubles of Nursing.**—The tie of nursing is, veritably enough, something considerable, and, with all its associated *et cæteras* quite incompatible with the artificial exigencies of fashionable life; but as there are so many complications of every day occurrence resulting from its non-observance, as well as an intensified probability of an early repetition of the married woman's trouble, you will, I ween, not lightly forego the unmitigated irksomeness—If you do not nurse your child you will, most assuredly, if you have milk, have some difficulty with the breasts. The milk will form, the breasts will fill, and become knotty, painful and congested, and, if not very skilfully treated, pass on to a state of inflammation that will end in abscess, much to the deterioration of your own health; whilst the luckless infant, with its delicate stomach framed only to receive its mother's milk, is plunged into an interminable sea of sorrows, tortured by colic, surfeited with artificial foods, and, either dies prematurely from infantile mala-

dies, or lingers for years as the rickety, scrofulous or consumptive representative of its pristine vigour. Assuming, however, that you are desirous of adopting the time-honoured custom, and determined to suckle your child, it will be quite possible for you not to have any milk—a pretty-to-do, to be sure !

When the nurse, and the cook, and papa stand aghast,  
And audibly pray that the “first” be the “last.”—

Under these crushing trials however, you must be above despair, and, probably, by keeping the breasts warm, rubbing them with a stimulating embrocation, and persevering in the application of the child, you will succeed in exciting the secretion.

**Sunk Nipples.**—Occasionally the nipples are so small and depressed that the child is unable to grasp them; under these circumstances they will require to be drawn well up by the breast pump or suction bottle or by an older child. This is popularly called “breaking the strings” and is usually the province of the nurse.

**Sore Nipples** cause much inconvenience and suffering in suckling, and not unfrequently set up an

inflammation in the substance of the breast. It is of little, if any, use to apply so-called hardening lotions to the nipples before childbirth, but, if you have faith in them, there is no objection to your using an alum lotion, or a mixture of salt and water, during the last month of pregnancy. After you have once begun to suckle, especially if the child gets the thrush, your nipples will, most likely, become excoriated, tender, and cracked, and it will be necessary, as the preliminary of treatment, to give the part all the rest you can. This is to be done by increasing the intervals of nursing, to be careful not to give the same breast twice in succession, but one and the other alternately, and to protect the nipple with a shield. Then, having secured rest to the part, you must apply the following local remedies. As soon as the child has sucked, let the part be well washed with tepid soft water, carefully dried, and anointed with zinc ointment, or well swabbed with the following lotion:—Tannin, half a drachm; spirits of wine, one drachm; water, four ounces. If, in spite of the steady use of these remedies, cracks form, they should be lightly touched to the bottom with a pencil of nitrate of silver, which gives almost immediate relief. As auxiliaries, it will al-



ways be necessary to give the child a little cooling medicine, and to attend to its mouth if it have thrush.

**Inflammation and Abscess** are serious complications that may occur soon after childbirth, during suckling, or after weaning. The symptoms are great heat, tenderness, and swelling of the breast, with a severe throbbing pain, headache, and thirst, followed, if not actively treated, by the formation of an abscess, which will require to be opened, and should not be allowed to break of itself. Under any circumstances it will seriously damage your health, and be difficult to heal. I should recommend you to leave the treatment of this serious condition entirely to your medical attendant.

**The Wet-Nurse.**—If, from any motive, real or imaginary, you have decided not to suckle your child, the next best substitute is a wet-nurse, and, in her selection, you must exercise maternal discretion. She should be between eighteen and thirty-five years of age, have a clean wholesome skin, free from blotches, and be as healthy as possible, with all her senses perfect. Her breast should be plump, and not too large, marbled with veins, and with a well-formed nipple, easily flow-

ing with milk. It will be well that she should have no deformity about her face, and of importance that she should not squint. She should take regular exercise on foot in the open air, observe daily ablution of her body, and keep her bowels regular. She should eat of plain wholesome meat and vegetables without caprice, and drink in moderation, of ordinary beverages—milk, ale, and stout. Of course she should be strictly sober in her habits, cheerful in her disposition, and uniformly so, and should always be impressed with the importance of guarding against fits of passion or undue grief. As long as the child thrives you may conclude that her milk is ample and wholesome; but, if it lose flesh, and its rosy tone of tint, you will have to make a change, or add the milk of the cow, goat, or ass, or some one of the following artificial foods. Nursing mothers should follow the same directions as those given to the wet nurse.

**Churching.**—Society expects all women, to publicly return thanks, in their church, as early as convenient, and before they visit or appear in public. A small fee is usually paid to the officiating minister, and the fee for the poor

women is one shilling, and for well-to-do people anything they please. Women usually take a married friend with them on these occasions.

**Registration of the Child's Birth.**—The birth of every child must be registered within forty two days, and this duty devolves upon the parents, and, in their default or death, upon the keeper of the house in which the child was born—and, bear in mind that premature children must also be registered.

**Frequency of Feeding or of giving the Breast.**—During the first month the child should be fed, or have the breast given to him, about every two hours in the day, and about every three hours in the night. In the second month these intervals may be increased half an hour; in the third month another half hour, that is, about every three hours in the day, and every four hours in the night; in the fourth month every four hours in the day, and every five in the night, maintaining it at this with a gradual lengthening of the night intervals. Do not allow the child to take the same breast every time, but one and the other alternately. When the child is brought up entirely by

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hand, let him have about two ounces at a time in the first fortnight, two and a half the second fortnight, three ounces the second month, four ounces the third month, and then let the increase be more gradual. If partly nursed and partly fed, let him have his artificial food in the morning, after his bath, and once again in the afternoon. It is a bad practice to allow the child the breast every time it cries, and still worse practice to allow it to hang on the breast for hours together.

**Puking** is a species of vomiting common in young children, and arises from the child having taken his food too fast, or from his having taken too much at a time. The stomach contracts, and the food wells-up into the mouth and out of it; and the child is usually relieved by it. Puking children usually do well; and it is not a condition to excite any uneasiness.

**Feeding Bottles.**—The best are prepared by Maw and Son, and they are very cheap, but require constant attention to keep them clean and wholesome. You ought to have, at the fewest, two, and not use either one twice in succession—one should be soaking and undergoing a thorough disinfection whilst the other is being used.

**The Nursery.**—The nursery must be a carefully studied room, and if mamma select the lightest, largest, best ventilated, and most cheerful room in the house, she must be unconditionally excused on the grounds of common prudence; and she ought, undoubtedly to have two—a day nursery, and a night nursery. The day nursery should be fitted up as a play room, and the night nursery devoted to sleeping. The temperature of the nursery should be maintained as uniform as possible both night and day, and, for young children, the temperature of 60 degrees Fahrenheit, will not be too high, as the rule. Let there be no superfluous furniture in either nursery, especially in the shape of carpets, and woollen necessities. There should be an open fire-place in each room, and the fire, which should be a coal one, should be efficiently protected by an inner spark-guard, and an outer fence-guard securely fixed to the wall. Gas stoves, and coke fires, should on no account be allowed in nurseries. The windows should allow of easy and wide opening, and be properly protected with cross bars, well secured, and not more than six inches apart. The floor should be, for the most part, painted, so that it can be the more readily cleansed and disinfected.

I should advise that the walls be painted, and the ceiling white-washed; and that iron bedsteads and spring mattresses be used. All sharp corners or projections should be removed or protected, as children are perpetually falling about; and the tables should be fixtures. No paraffine lamps should be used in a nursery, as they are not only stinking, but extremely dangerous when upset by the children. There is no objection to good oil lamps if well looked after; but all candles should be carefully housed in gauze shades. The windows of the day nursery should be opened early in the morning, and the fire should be allowed to burn up for a couple of hours before the young child be taken into it from the warm night nursery. Let the windows of your night nursery be open for a great portion of the day, the bedding opened and stripped back, and the fire lighted for two hours before the infant be removed to it from the heated day nursery. If you have gas, it is of the greatest importance there should be no escape, either from defects in the piping, or from your not being ready with the light when you turn the cock—a very common cause of a foul smell in a room. Always do with as little gas-light as possible, as it unduly heats the room, and fouls

the air by the products of its combustion. All soiled napkins and linen should be dusted over with a disinfectant, placed in a zinc pan with a closely fitting lid, and promptly removed to the wash-house. Curtains, lace, and ribbons, around a baby's cot or the bassinette, look very pretty, I admit, but they are superfluous, and very often injurious, and, I should, therefore, advise you to suppress them habitually, and reserve them only for very special occasions. Decorate the nursery walls with all the fantastic resources of artistic painting if you like, and accept as great a variety of toys and picture books as ever any extant aunt or grandmamma may care to choose at all their pet arcades; but let everything that is used solely for fashion's sake, or in reverence to old customs, be forthwith sacrificed, for sunlight, clean walls and floors, sweet air of heaven—and plenty of it, and your children will become as athlete and vigorous, as they are now puny and relaxed.

**The Sleeping of Young Children.**—The sleep of a young child when well is very profound—the face is placid, and the breathing is occasionally interrupted by a sigh. When the child's bowels are disordered, or when he is teething or suffering other acute pain, there are observed restlessness,

moaning, and sharp piercing cries, with knitting of the brows, or twitchings about the mouth. During the first few months a healthy infant spends a considerable portion of its time in sleep, and up to the third year will require a day sleep. The child should be put to bed regularly, and unless the weather be very severe or the child very delicate, always in a cot or bassinette by itself; and, it is a good plan to begin from the first to put the infant to bed awake and not to nurse or sing it to sleep previously to laying it down.

**Hints to the Nursemaid.**—You have been selected to a very responsible office, requiring the most consummate patience, and the gentlest care; and, if you are not naturally cheerful, patient, and good tempered, you are certainly in the wrong position, and can never fulfil your critical duties with pleasure to yourself, or satisfaction to your mistress. You should undoubtedly be the cleanest, neatest and merriest girl in the establishment; and if you are the prettiest so much the better will it be for your success. Remember you are selected as the responsible guardian of the infant in its most interesting and dependant days, and, whilst your mind is ever engaged in reflecting



upon its inherent frailties your eye must be perpetually upon it. If you are left in the sole charge of a young child, never leave it unprotected for a minute, for, in half the space of a minute a child may suffer irremediable injury to a limb, may lose an eye, or be burnt to death—irretrievable mischief for which you will never be forgiven. Always have your wits in operation, and keep all dangerous things, as knives, razors, scissors, needles, matches, broken glass or china, liniments, medicines, splintered wood, and poisonous plants bearing berries, out of the reach of the young child. See that your fire is well guarded, your windows securely barred, your candles safely housed in a gauze shade, and that no boiling tea-kettle, hot water cock, or scalding water is ever left accessible to their little busy hands. It should be woe to the bee, wasp, flea, or beetle-like creeper that ever dared to venture on your domain! Give no toy or utensil to the young child until your own eye and hand have swept it over and pronounced it safe. Be careful that no pins or brooches are carelessly hanging in your dress, and that no stay or petticoat steels are exposing the broken fragments, and in fact, you should ever be Miss Prim, with everything in its

place, and in its right place. Prepare all food according to the directions prescribed for you, and always taste it yourself before you allow it to approach the delicate infant lip. Keep your feeding bottles, spoons, and ordinary utensils scrupulously clean, and free from smell, and see that your saucepans are well cleansed with soda water before you prepare any food in them. Feed the child habitually at the proper hours, and when it is hungry, and not at your own convenience. Ever remember that a child's appetite, like your own, is not always alike, and, therefore, do not insist on always cramming him with the usual measure when he appears to dislike or reject it. When the child has eaten to comfortable satiety it lies quiet, with a placid face, outstretched fingers, is disposed to smile, coo, and talk in its way, and fall off to sleep. When he has over eaten he writhes and twists about, and is evidently very uncomfortable; he draws up his legs, clenches his fingers, screams, belches, and vomits. When you put the young child to bed, lay him nearly on the back, never with the face inclining to the bed. Wake him up gradually, and gently chat to him the while, and, if you bear in mind that a fright has thrown a beautiful child into an epileptic fit,

and made an idiot of him, you will, as a sensible girl, never countenance such foolish indulgences. When you toss a child, do it step by step, and never throw it abruptly up to the ceiling, until he shows that he enjoys it and is prepared for it. If you sing to the baby and all orthodox nurses do, do it in a subdued voice. When you swing a child move it in short to-and-fros at first, and do not indulge in any high or rapid swings until the child is well used to the movement, and by feeling quite at ease, manifests his enjoyment of it. Never by any means, teach a child to make grimaces, and as the child is a creature of imitation you must not indulge in them yourself, for it is much more difficult to break a child of the horrid habit than you may be aware of. Whenever you bath a child let your own hand be first put into the water to test its fitness, and if a child be unused to the bath show your experience by letting him down into the water on a flannel or towel. Wash the child always with soft water, when it is to be had; remove the napkins after the passing of a motion, wash the child, and well dry it with soft cloths; douche it, and then well dry it after passing urine; and bear in mind, it will be no credit to you unless it be habitually clean and whole-

some. Communicate to your mistress, at once, any stoppage in the usual action of the bowels, or in the passing of urine, and every unusual symptom. Never expose the delicate eyes of the child to bright and strong lights, or to the glare of the sun. Remove the child from the sphere of all disagreeable sounds and odours as quickly as possible, and from the haunts of infectious diseases. Do not allow any child to approach yours who has had measles, scarlatina or hooping-cough until he has been quite well for at least a month. When you take a child out in a perambulator, be very careful in letting the wheels down from off the stone pavements, so as not to jar the child and injure its spine, as, I am sure, is not unfrequently done; and remember there exists a conventional sympathy among all married women, which leads them to cast a very critical eye on all young nurse maids they see entrusted alone with an infant, for mutual protection.

**Suck Rags and Dummies** are frequently employed to pacify children and therefore I must allude to them. I admit that their use relieves the attendant, and will keep a child quiet for hours together; but, I have seen a child nearly

suffocated by getting one into his throat, and observed, frequently, such universal decay of the teeth and suffering consequent thereon, that I must condemn them, as mischievous and dangerous.

**The Feeding of Infants on Artificial Foods.—**

This subject I feel to be the most important I have to treat upon, and from its being, practically, so beset with difficulties, I feel sure your patience must be sorely tried, in studying all I have to say about it. The stomach of the young infant is prepared for the reception of one thing only—that is, the breast milk of its mother, and, whenever from any cause that is not forthcoming, the best substitute which this world affords is a bad one. The nearest approach in nature to human milk is found in that of the domestic mammals—the ass, goat, and cow; the milk of the cow being almost universally used as the substitute in this country, but, from its variable composition, and liability to adulteration, it very rarely answers our expectations, so that the ingenuity of the greatest physiologists, chemists and philanthropists has been over and over exhausted in devising some suitable substitute for mother's milk, and,

with only partial success, so that you must all regard the loss of the breast milk to your child as an abiding calamity, one that may influence his mental and physical developement to an untold degree, and, not unfrequently determine his very existence. I should, most urgently, request all young mothers to suckle their children till their first teeth appear, if their health will allow of it, and not to allow anything to interfere with this obvious duty. A child brought up by hand is always a crying, cross child, and a crying, cross child is a perpetual disturber of domestic peace, and, herein exists no unimportant further motive of which I wish to remind you. A child brought up by hand is ten times the trouble of one that is duly nursed, and is afflicted with ten times the suffering and illness, and its chance of surviving is proportionately diminished. Hence, in the absence of some very cogent reason, you will, of course, suckle all your children, and only under the gravest necessity leave them to be hand-fed; but, as there are many who must be brought up by hand, more or less entirely, I shall now proceed to prescribe a course of artificial feeding which experience has pronounced to be the most appropriate. During the first few days after birth

and before the breast milk appears, the child should be kept very warm, and fed with a mixture of cows' milk with water, about every two hours, and only have a few teaspoonsful at a time according as it is inclined. The milk used for this purpose should be good milk, diluted with half its bulk of water, well sweetened with good raw sugar, and *never* boiled, but given warm at a temperature about 97 degrees. On no account allow your child to be crammed with gin and caudle, and the horrid trash that old nurses have to recommend at this juncture, as they are unnecessary, and will give your child colic and thrush. If the child is destined to be hand fed the milk dietary must be persevered in until the advent of teeth declares him to be fitted for something more substantial, and should be regularly fed, as he would be suckled, according to the directions given in the article headed "Frequency of Feeding, &c.,". The milk may be increased and the water diminished after the first few weeks and, if it occasion diarrhoea it may be diluted with one fourth of its bulk of lime water for twenty four hours ; or a few meals of barley water may be substituted, so that the stomach may have rest. This milk should be administered with a bottle

having a finely perforated teat, so that the child may not suck it too fast, and, as it readily becomes sour, it should only be prepared in small quantities at a time.

**Ass's Milk** resembles human milk very closely, and, may be administered undiluted, in those cases where it can be obtained, and in which cow's milk seems to disagree.

**Goat's Milk** is preferable to that of the cow, and, when it can be procured, may be given undiluted.

**The Condensed Milks** are now much in use in large towns, and, from their being unadulterated, are often of great utility, as well as being very convenient. Some children do well on the condensed milks, and, where ordinary cow's milk disagrees, they may always be tried; but, should be prepared fresh every time, and in strict accordance with the printed directions.

**Milk Food**, does frequently, so disagree, that a resort to some artificial substitute is necessary to keep the child alive, and, of the numerous artificial



foods that are sold in the shops I shall select a few of the best; and first treat of those most suitable for the child before it cuts its teeth.

**Mellin's extract for preparing Leibig's food for Infants**, is probably, the best substitute for mother's milk we possess; and, as it is easily obtainable with full printed directions I need no further describe it. The new food called *Farina Vitæ* is rather largely used, and highly recommended.

**Savory and Moore's Food** is an excellent preparation, and may be given, as a change, with the preceding. **Dr. Hassall's Food** is also a valuable addition to the more recently advertised foods.

**Arrow-root, and Corn Flour** should only be occasionally used, as they are not nutritious in themselves; and, when made with water, as is a custom amongst the poor, they simply starve a child. When made with milk they are more nutritious, and are very palatable, but are not so easy of digestion as you might suppose; hence, if they produce wind and colic, you had better not repeat them.

**Sago** added to milk makes a very palatable and useful food, and, will answer occasionally, when all other combinations fail. It should be prepared in quantities sufficient to last all day as follows—Put a table-spoonful in a pint of water, and let it simmer for two hours if large, and for an hour and a half if small, till quite liquid, and whilst hot, add one table-spoonful of it to four of warm milk, and sweeten with sugar.

**Food for more advanced Infants.**—After children have cut their front teeth, a more substantial food may be commenced, and gradually increased upon. Two meals each day of bread and milk pap, of milk and biscuit pap, or rusk pap should now be administered. When children reach the 8th or 9th month they may be allowed one meal each day of light broth, or beef tea thickened with bread crumbs; or of Brand's Essence of Beef; and, as a change, an egg lightly boiled, or in the raw state well agitated and mixed with milk and sweetened, may be given. After the 14th or 16th month finely minced meat, or well cooked and mashed potatoe and gravy may be allowed; but, up to the 18th month, always remember, that milk should form the main bulk of the child's dietary,

and that meat and ordinary vegetables, such as adults live upon, should on no account be allowed the child; and as a brief description of the best artificial foods suitable for advanced infants seems to be both necessary and desirable I shall now proceed to furnish one.

**Bread Pap** prepared by soaking the crumb of good and stale bread (that contains no alum and is not sour) in cold water for two hours, pouring off the water, beating it up finely with a whisk or fork, adding sufficient new milk to make it into a fluid pap and sweetening to the taste. Or, it may be prepared by simmering the crumb of bread for half an hour and then proceeding as before. In either case the food should be administered slowly, and not more than four ounces should be given at a time. A very light bread pap is prepared as follows. Take of the sifted crumb of stale bread one ounce, water six ounces, and let it soak for two hours, boil for five minutes, and add two tea-spoonfuls of the finest Demerara sugar, and, when it is cooled down to the temperature proper for administration, add two table-spoonfuls of new milk,—McBain's bread, made

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with Austrian flour, is, probably, the best bread made in London for infants and invalids.

**Savory and Moore's Food** is an excellent preparation, and closely resembles human milk. The plan of preparing it is fully given in the printed directions.

**Leyman's Biscuit Powder** is largely used, and is a valuable food. It is best prepared by boiling with water, and then adding new milk and sugar to make it palatable.

**Oatmeal Gruel** is light, wholesome and nutritious, it should be made as water gruel first, and thoroughly boiled; and, when partially cooled, new milk and sugar should be added to render it palatable.

**Baked Flour**, mixed with oatmeal, in the proportion of two ounces of the former to one of the latter, forms a more substantial food, and can readily be prepared for use by mixing a tablespoonful of it with four of water, boiling well, and then adding, after it has cooled a little, four tablespoonfuls of new milk, and sufficient sugar to render it palatable.

**Chapman's Entire Wheat Flour**, prepared according to the printed directions, is a capital food for young children, but I do not think it desirable to resort to it before the 10th or 12th month; and then it should be given, at first, but once a day.

**Ulrich's Biscuits** are light and good, and afford considerable nutriment. Three may be given twice or three times a day. They are best prepared by pounding and soaking in cold water, and then boiling for six or eight minutes; and, when half cooled down, adding an equal bulk of new milk, and sugar to the taste.

**Rusks** constitute a very wholesome and nutritious food. They are usually soaked in cold water, broken up well with a fork or whisk, and then well boiled, and, after the pap is about half cooled, a little new milk and sugar are added; or, the water-rusk pap may be administered as it is without milk.

**Ordinary Bread and Milk** is too well known to need any formal description; and, I have only to advise its habitual use for young children instead of slop coffee and tea for breakfast.

**Wheat Flour Gruel**, made by boiling ordinary wheat flour in milk, forms a very substantial occasional food—one that is very nutritious, and rather astringent.

**Concluding Remarks.**—All these foods should be well cooked, perfectly smooth, and free from lumps; prepared in small quantities at a time, and immediately condemned if sour, curdled, or stinky. They should be slowly administered so as to be mixed with the child's saliva, and usually by the bottle. All food should be tasted before it is given to the infants, and if, as often happens, it goes cold, it should be re-warmed, or thrown away. If the child thrives, and his flesh is firm, do not change your food—it is a bad practice to be perpetually trying experiments. If the child's stomach is so irritable that it will not retain the lightest food you can provide, try barley gruel made with water, and, if that be rejected, give the child nothing at all for a few hours, and, the stomach, from having a rest, may right itself. Finally, ever remember that arrowroot, corn flour, and the purely farinaceous foods, are only nutritious to the infant when prepared with good milk, and, that given alone with water, as I have not

unfrequently observed, they simply starve the child, and secure his decease; and, when children are old enough to "do" dinners let them dine in the middle of the day, and never late in the evening.

**Baths** are of the greatest value in the treatment of many infantile diseases, but require to be used with discretion, especially as to the temperature of the bath and the frequency of its repetition. The warm bath, used at a temperature of ninety-seven or ninety-eight degrees, exercises a very soothing effect on the infant, in most of the diseases attended with fever and irritation; it equalises the circulation, moderates fever, lessens many pains, throws the child into a sweat, and usually disposes to sleep. In all cases of convulsions from teething its effects may be cautiously experimented upon; but hot baths are not admissible in all cases of convulsions. The child should remain in the bath from five to twenty minutes, according to circumstances, and the bath should not, as a rule, be repeated more than twice a day. During the twenty minutes occupied in the bath, fresh hot water should frequently be added, to maintain the water at its proper temperature; and, when the child is

removed from the bath, it must be quickly dried in an apartment that is heated to somewhere about sixty-six degrees, as the chill of a cold atmosphere would, probably, more than counterbalance any good effect derived from the immersion.

**The Cold Bath** is, to my way of thinking, most injudiciously used. Nothing, perhaps, has more charms to the inexperienced mother than the cold bathing of her child, under the mistaking impression that it is a powerful tonic, and, at the same time, a harmless and every-day expedient. The young infant should never be stripped and forthwith plunged into cold water, unless it has previously been prepared for the sudden transition by a course of tepid baths; and then, in cold weather, the less the water is below sixty degrees the safer and better will it be for it. I believe the safest and best way of affording young children all the advantages of the cold bath, and of escaping its disadvantages, is to make tepid sponging the order of the day in your nursery, and to reserve the colder bath for the summer season and the sea-side. After tepid sponging, or cold bathing, the child should be well dried and vigorously rubbed; if he soon becomes warm, and is merry,



and appears refreshed by it, you may conclude that it agreed; but if he remain cold and blue, shivering and disposed to hang his head, you may safely conclude you have only done mischief. In temperature, the tepid bath may vary from 65 to 90 degrees.

**Sea Bathing** is a splendid tonic and a great luxury, but should not be indiscriminately allowed to every child. Prepare your child for the sea bath by sea sponging, and inure him gradually. Let him have one bath a-day—about the middle of the day—and never let him remain in the water beyond a few minutes, unless you have special directions from a medical man. Give the child its food at least one hour before he has his bath.

**Poultices** are in frequent demand in most nurseries, and nothing is more suitable to the purpose than linseed crushed. The only precaution necessary in their preparation is to use water that is only hot, and not boiling. They should be put on as hot as can be borne, covered with a little waterproof sheeting, and over that with a little wadding to retain the heat. They should be removed whilst warm, and their place supplied with a good layer

of wadding. This layer of wadding must not be removed abruptly, but little by little every day.

**Clothing of the Young Child.**—The softest clothing should be worn next the skin, and all the clothing should be loose. The belly-band should as a rule be of fine flannel, continued till the child is about three months old, and then discontinued, but not abruptly. Old nurses, who must be consulted on these matters, tear a strip off every day until it tumbles off—a sure sign of good luck. At first the clothes should be fastened with tapes, or sewn with a needle and cotton, and no pins should be used unless their points be protected with patent caps. Change all clothing, especially napkins, as soon as it is soiled or wet; and when you strip a child, do it in a well-warmed room; do not expose too much of its body at once, and be pretty quick in your manipulations. See that all clothing is well aired before you put it on, but avoid putting it on hot from the fire. The whole of the body, except the head, should be kept warm by clothing suitable to the season of the year, but as the head contains the excitable brain, it is well to keep that cool, and to lay aside the time-honoured flannel cap. As the child grows

up, let its dress be such as will keep its legs, feet, arms, and hands warm. Let it have long sleeves, sensible woollen leggings, high frocks, and flannel night-gowns; and when you send it out of doors, dress it according to the weather, in extra clothing, and ever remember that of the two evils, over-clothing and under-clothing, the former is the less. I cannot conceive any greater folly than that exhibited by many mothers in the clothing of their children. Young children require constant warmth—their delicate skin and weak circulation, are easily influenced by the weather, and, yet, we frequently see them sent out from the warm nurseries, half-naked, into the open air, and in weather, too, in which the hardy and vigorous workman requires trousers and drawers, and overcoats. I feel that I cannot bring this matter too forcibly before you, and, being able to speak from considerable experience, I have to assure you that the majority of the serious illnesses we have to treat in young children are the immediate result of reckless exposure to cold; and, conclude this article by seriously warning you against the absurd fashion that consents to a child being half nude, and in a state of chronic chill, at the very time when it, in common with other young nurslings, requires the greatest warmth.

**Dressing the Hair.**—Premising that you have washed the head with a good lather of soap, and dried it, there is nothing more needed than a good brushing with a moderately stiff brush. Keep off oils and greasy things, and if the hair is downright obstinate, damp it a little with a wetted brush, and brush again.

**Cutting the Nails.**—When the nails are long cut them, and cut them straight across at one sweep, and they will never trouble your child by growing in at the corners; and if Nurse Wiles or Dame Scrivens gravely object on the question of luck, assure them from me that experience will demonstrate to their satisfaction that the only luck ever attached to the nail of a child is a scratch!

**Washing the Child.**—Cleanliness is of the greatest possible importance to the well-doing of the young child; and, as a rule, he should have a warm bath night and morning. The whole body, especially the lower parts, should be well cleansed with a well-lathered sponge or flannel, and then thoroughly and quickly dried. As the child increases in age and vigour the temperature of the water may be gradually diminished, but, on no account should quite cold water be used.

**Exercise.**—The muscular effort of sucking is a good exercise for the young infant, and with the little involuntary efforts made during the washing and dressing, fatigues and disposes to sleep. The only passive exercise adapted to the young child is the gentle swing of the nurse's arms, which should be continued for four or five months. When the child is stripped, it should be allowed to kick about for a time; and you will give tone to his muscles by rubbing his limbs, and gently opposing their movements. After the fifth month the baby may be sent out in a reclining perambulator, sufficiently clad against wind and weather, and shaded from the sun. Don't be in any hurry to teach the child to walk, but as he shows inclination that way you can indulge him. Some children walk as early as the ninth month, some not till they are over two years; but, whilst eleven months is usually considered early, eighteen months is late, and fifteen months the average.

**The Rolling Cloth.**—The relief given to the nurse by this expedient is worth a passing remark. Every nursery should have its rolling-cloth, and as soon as the young child will take to it, strip off his napkins, and let him kick and roll about on it

to his heart's content, and as often as he will. The rolling-cloth should be sufficiently thick to prevent any chill from the floor reaching the child, and a very ready way of preparing one is to take the rug from before the fire, and to spread over it a doubled blanket. The rolling-cloth affords a grateful diversion to the child, and a most salutary exercise. If the room is cold, you must not remove the napkins, as you will give the child belly-ache.

**When to take an Infant Out-of-Doors.**—Of course you will be guided by the weather, and the health of the infant. A gipsy's child, born under a hedge, lives its whole life out-of-doors, and if yours is possessed of ordinary vigour, it may safely be carried out in mild weather at the second or third week, for a short time, with its face lightly covered.

**Vaccination.**—All children should be vaccinated, as a rule, from the 9th to the 12th week, before the irritation and disturbance of teething sets in ; and they should all be re-vaccinated from the 7th to the 10th year, or earlier, if small-pox be imminent. I should not consider a child efficiently

vaccinated whose arm showed fewer than five or six good pocks.

**Teething.**—So rare is it for a child to be born with teeth that the event is considered a freak of nature, and the child a prodigy. By-and-by, however, he is destined to have two sets—the first or milk teeth, and the second or permanent teeth. The milk teeth usually begin to show themselves between the seventh and eighth month, but they may appear in the fourth month, and are generally completed by the thirtieth. They are twenty in number, and the time occupied in their irruption is called the primary dentition. The incisors, or front cutting teeth, are the first to appear, and then a molar, or grinder, shows itself; a few months later the canines, or dog teeth, appear, to be followed, some time between the twentieth and thirtieth month, with the last or posterior molars. The second dentition commences at the sixth or seventh year, and is completed about the twentieth year. The teeth of the second dentition are thirty-two in number, and are larger and more firmly fixed than those of the primary. The front molar is usually first to be seen, the incisors next, about the eighth year; the bicuspid at nine, the canines

at eleven, the second molars about twelve or thirteen, and the third molars, or wisdom teeth, from seventeen to twenty. Healthy infants may cut their teeth with scarcely any noteworthy deviation from health, but to the majority the process is a troublesome and painful one, and not unattended with danger. As the teeth approach the surface, the gums become hot and swollen, and more or less tender to the touch. The child is restless, feverish, with disordered bowels, flushed cheeks, hanging head, and saliva dripping from his mouth. He is perpetually fingering his mouth, or thrusting something into it; and if this state of things persists, it may result in spasmodic seizures, or fits, or be complicated with inflammation in the chest or head, or in the bowels.

**Lancing the Gums.**—When the gums are decidedly tense, or turgid and inflamed, and the child suffering, don't hesitate to have them lanced, and they should be well lanced down to the tooth, or the operation is a sham. Gentle aperients should also be administered.

**Teething Pads** are a great comfort to young children during teething, and, the only precaution



necessary with them is to see that they are soft and elastic, and fixed with a tape to the waist.

**Weaning.**— The healthiest children and the strongest men are found to be those who have been suckled by their mother ; witness, for example the firm flesh, the vigour, the hardiness, and power of “roughing it” exhibited by the sturdy little rural athlete who sucked his mother into his second year, in contrast with the pale and puny representatives of humanity so often seen in walks of life when that natural function is discarded ! If your health is of average condition you may nurse your child readily enough, eight or nine months, and then you had better wean him, but you must do it gradually for your own sake as well as your child’s. You may commence by substituting first one, then two, then three meals a day of artificial food, and withhold the breast in like proportion, so that, in the course of a month or so, the process may be gradually completed. There will then be no trouble with the milk ; it will gradually cease to be formed as the call for it is lessened, and the troubles of weaning will be reduced to a trifle. If, from any accidental circumstance you are advised, or compelled, to wean abruptly the

best plan of proceeding is the following. Gradually increase the intervals between suckling, thus, every six hours for a day or two, every eight hours for a day or two, every twelve hours for a day more, and then once a day until the milk ceases to form. Or the breast may be eased by a breast pump, as often as the fulness becomes painful, and with increasing intervals. During the period of weaning you should live cautiously and drink as moderately as possible; and avoid all rough rubbing or kneading of the breasts. If the breasts become hard, knotty, and tender, wrap them in linseed meal poultices made with poppy-head liquor, but do not rub them with anything until the tenderness has subsided. If the child die suddenly you will have to proceed as in weaning. Many mothers are too delicate to suckle their children, or can only do so for a brief period; and, if you suffer from pallor, giddy headache, palpitation, general weakness and sleeplessness, you may conclude the process is severely injuring your health, and you will do well to discontinue it.

**Indications of the Child's Intelligence.**—During the first few weeks it is quite right and natural

for the child to be almost always sleeping, and when it does rouse up, the eyes roll about in vacuity, notice nothing, and perhaps may even squint. During the third week, however, the eye begins to follow the movements of a candle or other bright object; and in the fourth week it will smile when chuckled under the chin, and coo when fussed with by mamma or nurse. At the fifth or sixth year the child should be able to learn his alphabet and do a little counting. The talking of children is considerably influenced by the care bestowed upon them; and whilst we have known a child to utter well-articulated sentences at sixteen months, we have known many unable to do so at the thirtieth month. Commonplace monosyllabic sounds may usually be expected towards the end of the first year, well-articulated words at fifteen or sixteen months, and complete sentences from the twentieth to the twenty-fourth month.

**Training the Young Child.**—The infant is born in so helpless a state of dependency, that all its inherent frailties and vice must be at first ignored. By-and-by, however, and wonderfully soon too, as intelligence dawns upon him, there are hasty tosses, kicks, and monosyllabic grunts—relics of the old

Adam, that remind the horrified mamma that baby has a temper. Yes, undoubtedly, he has, and would have all the world at his feet if his imperious wishes could be developed into fact and form. Such displays, however, must be met by prompt discouragement, and fitly checked at the very horizon of their birth. Mamma should not be hasty or violent, but she should be decided and systematically so; and use the rod if necessary, for a spoiled child is a greater nuisance in a house than a wild beast, and is detested by everybody. It is of importance that you should demonstrate to a child, as early as possible, that fire burns, pins prick, knives cut, and that boiling water scalds. Never undertake any systematic instruction with your own children, as you will, unless more heaven-born than the rest of us, lose your temper, and bully them, and create a lingering sullenness much to the child's disadvantage, and your own annoyance. Let them learn their alphabet at 5 years, and, as soon as they can read, select such progressive books as they can understand, and thoroughly take in and that contain wholesome information plainly expressed. If your child's memory be defective, or if he appear unable to learn, by all means let him run wild a year or two, and,

when the aptitude returns, let him resume his studies; and, it may be, that he will turn out the brightest of the flock. Be ever watchful of your own behaviour in their presence, for, whatever you do, they seem to arrogate to themselves a right to repeat, being marvellous creatures of imitation; and ever remember that a foul or blasphemous word sinks much more deeply into the brain of a child than a pure and wholesome one, and much more readily. When your child needs companions, see that he has suitable ones of his own age, and, as far as can be, of his own inclination and temperament, and whose friendship in after life may appear to be desirable and of utility to him. If your child go to school you must be watchful that the spirit of emulation is not carried too far, and if there be a complaint of giddy headache, or failure of appetite, you must insist on fewer lessons and more play, and proceed subsequently with greater caution.

### **The Little Emergencies of the Nursery.**

*Diarrhœa* is rather common in infants, especially during teething, and it should always receive attention. It will probably subside under a more

carefully regulated dietary, and the substitution of a lighter and more digestible food. If it should persist and be very watery, or contain blood, you should at once have medical advice.

*Bronchitis* is a frequent and dangerous complication of teething; it is indicated by hurried breathing, drowsiness, cough, flapping nostrils, and refusal of food; and should be brought under the consideration of your medical attendant.

*Fits* are very alarming, and, unfortunately, in many families, very common; especially during the cutting of the teeth. In treating fits you must not rush to the warm bath, as it often does harm, and requires critical judgment which you cannot be supposed to possess. If the bowels are confined you will be right in giving an injection of gruel and castor oil, or a dose of castor oil by the mouth if the child can swallow. If the head be very hot there will be no harm in your applying cold water cloths to it, whilst the feet are immersed in a mustard bath. But, perhaps, the less you do, beyond removing all tight clothing and allowing abundance of fresh air, the better, as a medical man, only, can safely direct the remedies aright.

*A Cut Finger.*—Wrap it up in the blood with lint, linen rag, or chloralum wool.

*A Sting.*—Take out the sting if left in the wound, and apply a piece of lint or clean rag, wetted with Hartshorn or Turpentine.

*A Crushed Finger.*—Wash it with warm water, squeeze it into shape, and wrap it round with a slack bandage, or chloralum wool.

*A Fall and a Bruise.*—Put a pad of lint or rag soaked with Goulard water on the bump and bind it on with a bandage.

*A Burnt Finger.*—Wrap it in lint or rag moistened with Goulard water, or carron oil.

*A Scalded Foot.*—Snip the blisters, and gently press down the upraised skin; dress it with lint soaked in carron oil, and wrap the part in chloralum wool, or wadding; or, in the absence of these cover it well with wheat flour.

*Chapped Hands.*—Wash the parts with soft water, and, as seldom as possible; and, when quite dry, anoint them with an ointment prepared by melting together two ounces of mutton suet and half an ounce of cod-liver oil.

*Chafings.*—Keep the parts scrupulously clean by using emollient liquids, as bran or barley-water, or thin gruel, as douches; dry the parts well, by pressure rather than friction, and then apply the pink or white zinc dust mixed with half their

weight of starch powder. If these do not answer try the benzoated zinc ointment.

*Tongue-tie.*—Often talked about, seldom seen. If the child can suck and thrust the tongue to the edge of the lips, be sure he will have tongue enough. If the tongue be really tied, don't attempt to cut it yourself; it is a dangerous little operation, and should only be done by a medical man.

*Drinking from a boiling Tea-kettle.*—A dreadful accident! and best treated by the application of ice to the throat and tongue, till the doctor arrives.

*Chilblains.*—Probably there is no infantile affection so distressing to the sufferer and the witness of it as a severe attack of chilblains; but, if you take the precautions of keeping your children properly clothed in the daytime, and of not allowing their feet to become severely chilled, you will most likely, prevent their accession. A frequent cause of chilblains is discovered in a cold night nursery after a warm day nursery, and therefore the two nurseries should be maintained of uniform temperature. The circulation should be kept up by proper food and a little wine and water, and by as active exercise as the child can take. Long



sittings should not be tolerated, especially in children with feeble hearts and cold extremities. The best embrocation for unbroken chilblains is composed of equal parts of tincture of cantharides, spirits of camphor, and tincture of opium. A very capital application is iodine paint. Covering the part with soap plaister is of decided benefit. When the chilblain is broken you are in for a tedious affair, of, probably, many weeks, unless you attend to it on sound principles. The best treatment for a broken chilblain is the following:—Keep the child at rest in bed, and the feet warmly wrapped in flannel or wadding; apply resin cerate to the wound twice a day, and wash it with carbolic acid water before you apply the ointment. Give the child plenty of good wholesome food, and repeated small doses of wine and water.

*An Overdose of Opium or Soothing Stuff.*—Infants are extremely susceptible to the influence of opium, and a single drop will put a life in jeopardy. When suffering from an opiate the infant lies still, with a pale and slightly livid face, breathing slower than usual, with a sort of hic-coughing noise, refusing all food, and showing, through a slightly-opened eyelid, a very small

pupil. In treating this dangerous condition carry the child into the open air, loosen its clothing, fleck its face with cold water, and send for your doctor post haste.

*Night Terrors.*—Children often go to bed as usual, and wake up suddenly in the night in great agitation and fright, and screaming with all their might. This is night terror, and arises in the following way:—The child has waked up, found himself alone, probably has no idea where he is, and is frightened to distraction; or, if a little older, has been told a tale about bogies and hobgoblins, and, having had a dream about them, fancies one has got him—enough to put him in a flutter, to be sure; yes, and it may throw him into a fit unless he is quickly comforted. Go to him instant, with a candle, speak to him gently and kindly, take him up in your arms and caress him—he will soon be himself again; but you must caution nurse never to talk about hideous things again to him, especially towards evening. The impressions to be uppermost in the childish mind, on taking him to bed, are those which refer to pleasant things—the flower garden, the butterfly hunt, the sweets of prayer, the guardian angel, and the love of God.

*Sudden Death.*—Let the infant remain as, and where, it died, until some medical man has seen it; as an inquest may be necessary, and it is quite as well that the corpse should be first examined by a medical man.

*Thrush.*—The general predisposing cause of thrush is impaired constitutional vigour, engendered either by an inherited weakness or by an acquired one, and the local predisposing cause is found in the softness and delicacy of the lining membrane of the mouth and other parts. Thrush runs in families, and, in the rheumatic and gouty families, often takes every child. Thrush is a very troublesome complaint, and often very difficult to cure; it is also very contagious, and may be propagated from child to child by using the same utensils, or by sucking the same breast; it depends on the growth of a fungus, and the remedies are such as will destroy vegetable growth, while at the same time they strengthen the system generally and locally. It is well to remember that this very common disease may often be kept aloof by strict attention to cleanliness, abundance of fresh air, and the use of wholesome food; and, that good breast milk is the infallible cure, and, in the absence of that, the artificial food should be

light, nutritious and most carefully prepared, fresh on every occasion. If the disease persists the milk should be changed, and may have to be withheld altogether ; or the child may require to be sent away into the country for an entire change of air and milk. The medicines I recommend successfully are minute doses of bark and iron, as tonics, and Dinneford's fluid magnesia as a laxative, whilst the mouth is washed or sponged out three times a day, with one part of sulphurous acid mixed with four of water ; and painted every second morning with a solution of nitrate of silver, ten grains to the ounce.

#### INCIDENTAL SUBJECTS.

**The Jury of Matrons.**—When women are indicted for murder they can plead pregnancy in bar of execution ; but, according to the strict letter of the law, it is necessary that the woman should be "*quick*" with child, and not merely pregnant. If, at any time, you should have the dreadful responsibility of serving on a jury of matrons imposed upon you, it will be necessary for you to take the advice and guidance of a skilled medical practitioner, and to place no reliance on the state-

ments of the prisoner. You must carefully examine the breasts and the abdomen, and exercise all reasonable care and skill in coming to an opinion, which you will scarcely fail to do with the medical assistance at your command. If you can feel the movements of the child you may be tolerably sure; but, you must remember some women quicken at the 3rd and some at the 7th month, and some never “quicken” at all; but, that half way between the 4th and 5th month, is the usual date of quickening.

**Marriage with Relatives.**—This is a matter of the greatest possible importance to succeeding generations; and, with reference to the marriage of first cousins, I must advise you all, with one pertinacious consent, to oppose and discountenance it. You may depend upon it, that any family infirmity or peculiarity (and all families have some) is aggravated by the marriage of blood relatives; and, mere nervousness in the parents may be expressed by melancholia, insanity, or epilepsy in the children—sufficiently serious issues to make you hesitate to take the risk, however desirable from other circumstances, such alliances may appear.

**Remarks on Painless Parturition.**—To bring forth children in sorrow is a salient clause in the primeval curse, and applies, probably, as much to the period of pregnancy, as to the hour of travail ; and, there are some, who, giving a rigid adhesion to the prescriptions of Holy Writ, condemn all interference with this ordinary anguish of nature, as a prejudgment of Christian fortitude—a step, at once, equally presumptive and impious—and, who arrogate to themselves the consolation that the back is fitted to the burthen. As a practical physician, I have briefly to reply, that the same individuals do not hesitate to obtain relief from their own sufferings by taking chloroform, or opium, or chloral, under even trivial necessity ; and that, however worthy may be their precepts, their practice is delinquent ; and, that, however scriptural may be their reasoning, they fail to show any intrinsic difference in pain, in the abstract, but only in its causation ; and, leave us open to infer that the curse may have been atoned by the gestative sorrow alone, and that the parturient anguish is one that may be mitigated or controlled without any infringement on the divine command. Parturition or labour, then, is so frequently anticipated with feelings of dread, from the amount of

suffering inseparable from it in its natural state, that the agent which can, in any way, deprive it of its associated anguish must ever be welcome to the consideration of every pregnant woman, and receive the full recognition of her ready gratitude. Mental disquiet exerts considerable influence on the functions of the body at the best of times, and especially so in pregnancy, as it may extend its disturbance to the mental organisation of the child, and damage its intelligence. It is then, of the most vital importance that the young lady who looks forward to her accouchment with the liveliest alarm should be early relieved of her anxiety, by the assurance that we are possessed of a safe and agreeable remedy whereby she may have her suffering so much controlled as to be rendered easily tolerable to the most delicate system. I need scarcely tell you that there are in existence many agents for the mitigation of human suffering, but there is only one which has the sanction of experience to its fitness for midwifery practice, and that is chloroform. It should, of course, never be allowed to be exhibited by any other than an experienced and qualified medical man, and, it is then not only safe and effectual, but agreeable rather than otherwise. Parturient wo-

men take chloroform, as the rule, wonderfully well, even the most delicate; and I have never witnessed any mischief arise from its use in midwifery practice that was worth a moment's consideration in comparison with the advantages obviously conferred; and, I believe, a death has never been known to occur from its administration in labour, though women are kept under its influence for many hours. I have, myself, given it for fourteen consecutive hours with the best possible results, and therefore strongly recommend it. Some precautions are necessary, which will be pointed out to you by your medical attendant, and, I feel sure, you will be quite prepared to make some few sacrifices under the assurance that the child may be born into the world entirely without your knowledge, and in perfect safety too. When once you have made up your mind to indulge in the luxury of chloroform, adhere to your decision, place in it entire confidence, and entertain no anxiety as to its results; and, remember, these are the chief essentials to observe. The simplest way of inhaling chloroform, and the one almost universally used in midwifery practice, is the following:—Fold a napkin or handkerchief into a sort of cup and stitch it; place twenty or



thirty drops of chloroform into the bottom of it (measured carefully in a glass graduate), then, lying down and collecting yourself quite at ease, put your mouth and nose into the cup and quietly inhale the vapour. Whilst the inhalation is proceeding, the air should be freely admitted to the face, by turning back the bed-clothes and curtains; and there should be no tight band or belt round the body. The dose is to be repeated as often as necessary, and, towards the termination of labour may be pushed to a deeper insensibility. It is only in very exceptional cases that chloroform interferes with the expulsive action of the pains, and it does not appear to increase the liability to subsequent hæmorrhage, or to exercise any injurious effect on the intelligence of the child, or on the brain of the mother, but to be rather protective than otherwise. When an operation is necessary, chloroform may or may not be necessary, and, when you have once enjoyed its mysterious charms as a pain subduer, you will, I ween, never more forego them, but hail it, even, as God's gift to woman, through the agency of its immortal discoverer, and well worthy of your profoundest and most enduring gratitude.

**Disinfectants and Deodorants.**—For nursery and general household use the disinfectants most frequently employed are either useless or dangerous. Burnett's chloride of zinc has poisoned scores, and, from being colourless like water, is easily drunk by children. Condy's fluid is harmless enough, but is a deodorant only, not a disinfectant. I have been long engaged in preparing a substance that shall both deodorise and disinfect, and yet be in such condition, as to be harmless as a poison. This substance, which is a mixture of salts, is shortly to be patented under the names of "Holland's Biolytic and Deodorant Zinc Saline" and "Holland's Biolytic and Deodorant Iron Saline," is a very reliable and cheap preparation, and eminently destructive of the organic germs that constitute infective matter; and, may be used either as a solid or fluid. For the deodorisation and disinfection of nursery pans, offensive evacuations, and diapers it is invaluable. For drains, sewers, sinks, and water-closets, and all rough purposes, the iron saline should be used; but, for the disinfection of calico or linen, the zinc saline should always be used, as the iron saline would iron-mould. For the present these salines can only be obtained at my private laboratory.

## APPENDIX.

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### MINOR OPERATIONS USUALLY DEVOLVING ON THE NURSE.

**The Preparation of Poppy Fomentations.**—Poppy fomentations are frequently required, and are best prepared by taking the heads of half a dozen large poppies, as bought at the druggists', breaking them open so as to expose the seeds, and then boiling the husks and seeds gently for half an hour in a pint of water. The liquor should be dark in colour, and strained before use by passing it through muslin; and should be applied hot by means of flannel, folded so as to absorb a good quantity, and wrung, so as to prevent dripping. It is a good plan to wrap some macintosh sheeting over the flannel when it is desirable to maintain the heat of the application; and the greatest care should always be taken to prevent wetting the bed or body linen, and chilling of the patient.

**The Turpentine Stupe.**—This useful application is frequently ordered by medical men and its strength and efficiency will vary according to the

goodness of the turpentine and the amount used. For the delicate skin of women the following method of preparing and applying the stupe will be found the most generally suitable. Take five thicknesses of flannel of the same size and stitch them together, soak the flannel in as hot water as you can bear to wring it dry, then spread it out on a table, sprinkle the upper surface with the turpentine, and roll up the stupe to diffuse the turpentine and to maintain the heat; and, with as little delay as possible, unroll it on the part to be fomented with the turpentine surface to the skin; over the stupe place a piece of oil silk or macintosh sheeting, and outside that a piece of dry flannel. Allow the stupe to remain on as long as the patient can well bear it, or until the skin be well reddened, (usually an affair of minutes), and then remove it. If the subsequent smarting and burning be unduly severe, the inflamed skin should be gently sponged with soap and water, dried and smeared with fresh lard.

**Ventilation of the Lying-in Room.**—It is of much importance that an abundance of fresh air be admitted to the lying-in-room, and, to effect this, without a risk of giving cold to the patient, it

will require prudence on the part of the nurse. In the summer time the patient should have her head and face covered up with a thick shawl or blanket, and the door and window be freely opened, for 5 or 6 minutes at a time, at intervals of 6 or 8 hours: but, in the winter time, or in severe weather, it will be safer to ventilate by the door and chimney only.

**Dressing Wounds.**—In all manipulations with a lying-in-woman the hands should be scrupulously clean, the nails short, and the nail brush frequently used. It will show commendable prudence to wash your hands with Condyl's fluid before handling any wound. In washing a wound use pieces of tow, lint, or rag, and burn them afterwards, never use sponges, especially the ordinary toilet sponges. Use extreme caution in washing and disinfecting all the utensils you resort to in dressing a wound, and use only water that has been previously well-boiled.

**Dressing an Ulcerated Navel.**—Keep the part very clean and free from decomposing discharges by washing it every 8 or 12 hours; and, after drying the part, dress it with the oxide of zinc oint-

ment; and, if it should not rapidly heal, bring it under the notice of the Medical Attendant.

**Application of the Binder.**—After the birth of the child a binder or bandage must be applied around the flaccid abdomen, and those women who persevere in its use for a month are the only ones who recover their perfect figure. There are many varieties of binders in use, some of them very costly, which may be bought in the shops; but I object to these on many grounds, they are complicated, easily soiled, apt to convey or even breed infection, and difficult to wash. You may depend that the simpler your binder is, the better will it be for all concerned. Half a dozen strips of new calico from 14 to 16 inches wide, and about 4 ft. 6 in. long, and a few blanket-pins, constitute a simple, cheap, wholesome, and sufficient armament for every case; and during the first few days they must be changed frequently, as they become soiled or displaced. In applying the binder you must consult your patient's feelings as to the degree of tightness at which you pin it.

**Bandaging the Legs.**—When there are varicose veins, or when the legs are ulcerated, bandages

may be needed; and, it will be sufficient for you to know that the bandaging should first begin just above the ankle, and when fixed there, be carried to the root of the toes, and round the foot before ascending the leg. The bandage should be tightest at the foot, and less and less tight as it mounts the leg.

**Drawing the Breast.**—In the absence of any apparatus designed for the purpose, the breast may always, if the case be urgent, be relieved by the mouth; and, this, by the bye, is the old-fashioned way, but, none the more to be condemned for that. The breast pumps in use, are not usually very efficient, not being sufficiently air tight. A very capital breast pump can be extemporised by placing the large opening of the old boat feeding bottle over the nipple and then sucking at the smaller one.

**Treatment of Swellings on the Head of New-born Infants.**—As a rule these swellings disappear of themselves, and it is only of importance to attend to them, to prevent your allowing any foolish treatment to be unnecessarily resorted to.

**Hæmorrhage.**—If you have any extensive practice as a nurse you will, most assuredly, have to encounter this alarming difficulty, and should be prepared to treat your patient on sound principles as no doctor may be immediately available. When your patient is flooding, or the subject of undue hæmorrhage, you will easily notice the paleness of her face, her anxiety, restlessness, and crying out “I shall faint”; and you must now make use of your eyes and see what is going on. If it be as you suppose, undo all bandages, lay the patient flat on her back, and apply cloths wetted with cold water to the belly and outer parts, and whilst doing this direct one to open the window, another to get some ice, and a third to fetch the doctor. As soon as the ice arrives give your patient a glass of iced water to drink; and, if you understand your business, you may introduce a piece of ice into the vagina: these being done I should advise you to wait for medical aid; and to occupy spare moments in washing freely your patient’s face, chest and hands with cold water.

**Application of Leeches.**—When leeches are applied externally it is necessary to your success for you to observe a variety of little details. Firstly



the leeches should be selected—they should feel firm when rolled between the fingers, and be very active in all their movements, they should be dried on a cloth, and gently rubbed or rolled with it, when they will most likely be ready for use. The part to be leeches should be thoroughly cleansed, first with soap, and last with clean water and the leeches may either be applied under a glass, or held by the tail end between the thumb and finger until they fasten. If applied to any internal part, a tube or speculum must first be introduced, and the leeches held by the skin of the back in a long pair of light forceps.

**Disinfection of the Evacuations.**—Condy's fluid, chloride of lime, and Burnet's liquid are chiefly used for disinfecting processes, but have many defects, and some dangers attending their use. I have devised an easily manageable deodorant and disinfectant, in the form of a dry powder, which is free from danger, and very effective and convenient. It is alluded to under the head of "disinfectants." I advise a little of the powder to be put into the commode, previously to use, and a little after, and the commode to be agitated, so as to bring the powder into contact with every portion of the evacuation.

**The Administration of Enemas.**—The fluids used for injection into the bowels should be carefully prepared, and administered at a temperature, varying, according to the object in view, from 110 degrees "Fahr." to the temperature of iced water. The apparatus should be cleansed before use on all occasions, and its action understood. In giving an injection to an infant, be careful that the bowel pipe is perfect, smooth, and elastic; and, before you introduce it into the bowel dip it into warm water: dry it, and smear it with lard; introduce it gently, with a wriggling sort of movement, and never inject more than two or three tablespoonfuls at a time. In administering an enema to an adult a different pipe is generally used; which must be warmed, larded, and carefully introduced, in a direction upwards and backwards, whilst the patient lies on one side. The amount you inject will vary much, but, as a rule, a pint will be quite sufficient.

**Vaginal Injections** are very frequently required and, a special elastic pipe should always be used. If used for the purpose of correcting offensive discharges, they should be made disinfectant by the addition of a little Cond's fluid. All vaginal in-

jections should be thrown high up, in full stream, whilst some provision is made to catch the returning fluid. A bidet is the proper thing—and, the temperature of the injection must depend on its object, but should never be hot.

**Use of the Female Catheter.**—It is an important matter that every nurse should be able to use a catheter and relieve a distended bladder, and, I shall therefore briefly describe the operation. Assuming that you have a proper, elastic, female catheter, fitted with a silver stop, you must prepare it for use by washing it in warm water, so as to supple it; then dry it, turn the stop and smear it with oil or lard. Provide yourself with a small basin, and prepare your patient by laying her on the side or back, as most suits the case—and, now, using your eyes, as you will be allowed to do, introduce the catheter gently upwards and backwards along the urethra into the bladder, and, on turning the stop the urine will freely flow. As the bladder empties draw out the catheter slowly.

**Suppositories** are composing pills or masses introduced into the bowel for the relief of local

pain. In preparing to introduce a suppository, the patient should be placed on her side, and an oiled finger first passed, and, as this is withdrawn the suppository may be pushed into, and a little way up, the bowel, and allowed to remain.

**Pessaries** are instruments used internally to remedy displacements of the womb, and they present the greatest variety in shape and composition. They should always be thoroughly cleansed before use, and well oiled. If they occasion pain and uneasiness, or interfere with the action of the bowels or bladder, they should be at once removed by the finger.

**Taking the Temperature.**—In almost every case a record of the bodily heat is essential to the discrimination of disease as well as to its treatment ; and though the morning and evening record are usually sufficient, it is often necessary to make hourly observations. In taking temperatures you must be extremely careful, and you must be exact. The thermometer should be a self-registering one, and so constructed that the index is immovably fixed, and the reading easy. The bulb of the thermometer which contains the mercury should be

very carefully kept in contact with the part to be tested for three or four minutes, and you must pay special attention to this, or you will make false records. You may place the bulb under the tongue and direct the patient to close the lips, and to press it with his tongue. You may place it in his arm-pit, and bring the arm tight to the side, or you may place it in the groin, or in the vagina, or rectum. In all cases a faithful record requires accurate contact of the bulb of the instrument with the patient's body for three or four minutes.

**Report of the Excretions.**—You should be prepared to state the frequency of the motions; their colour, consistence and smell; whether they contain anything unusual, as blood, matter, or excess of slimy mucous, and whether passed with the patient's knowledge, or without it. You should measure the urine, so as to state the exact amount passed in 12 or 24 hours—note its colour, its smell, its clearness or turbidness, and have a specimen of it in readiness, in a clean glass, for the medical attendant to examine.

**Analysis of Urine.**—The hospital nurse is now expected to be able to ascertain the specific grav-

ity, the reaction, and the presence or absence of albumen.

*The specific gravity* is easily determined by the urinometer, which has a scale upon it, and has only to be floated in the urine, when, the number at the level of the liquid with 1000 added to it, gives the specific gravity in every case.

*The reaction* refers to the urine being acid or alkaline. Healthy urine is of acid reaction. Two coloured papers called test papers are used for determining the reaction. Litmus paper is of a bluish colour and is changed to red when dropped into acid urine, and the greater the acidity the deeper the redness. Turmeric paper is yellow and is turned brown when thrown into urine that is alkaline in reaction.

*Albumen.* Take a small quantity of urine in a test tube, add to it four drops of nitric acid, and then well boil the fluid over a spirit lamp; if albumen be present it will be coagulated and appear as a heavy white cloud, that will settle in a short time to the bottom.

**Concluding Remarks.**—As a faithful nurse you will, of course, observe all possible secrecy in your confidential duties; keep strictly to your

duties, and avoid any infringement or meddling with the domestic arrangements. Keep your person and your body linen, and every garment about you, clean and wholesome. Refrain from visiting houses where scarlatina is, or has been, or where you hear the talk of erysipelas, measles, diphtheria, or fever. If you are unlucky enough to attend a case that proves fatal from any feverish condition; give yourself a month's holiday, and disinfect all your clothing by boiling, your body by repeated baths and free exercise in the open air; and take a dose of purgative medicine before you resume your duties.











